NUMBER HOLDER
DERRICK Charles
SOCIAL SECURITY NUMBER
456 73 1249
EMPLOYEE/CLAIMANT/BENEFICIARY (If other than Number Holder)

AUTHORIZATION FOR SOURCE TO RELEASE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

NAME AND ADDRESS OF SOURCE (Include Zip Code)	RELATIONSHIP TO CLAIMANT/BENEFICIARY
	mother

INFORMATION ABOUT CLAIMANT/BENEFICIARY

NAME AND ADDRESS (If known) AT TIME CLAIMANT/BENEFICIARY HAD CONTACT WITH SOURCE (Include Zip Code)	DATE OF BIRTH 9 '6 '82 CLAIMANT/BENEFICIARY I.D. NUMBER (If known and different than SSN) (Clinic/Patient

APPROXIMATE DATES OF CLAIMANT/BENEFICIARY CONTACT WITH SOURCE (e.g., dates of hospital admission, treatment, discharge, etc.)

GENERAL AND SPECIAL AUTHORIZATION TO RELEASE MEDICAL AND OTHER INFORMATION IN ACCORDANC WITH THE PROVISIONS OF THE SOCIAL SECURITY LAWS, THE DRUG ABUSE OFFICE AND TREATMENT AC OF 1972 (P.L. 92-255), THE COMPREHENSIVE ALCOHOL ABUSE AND ALCOHOLISM PREVENTION, TREATMEI AND REHABILITATION ACT AMENDMENTS OF 1974 (P.L. 93-282), THE VETERANS OMNIBUS HEALTH CARE AC OF 1976 (P.L. 94-581), THE VETERANS BENEFITS AND SERVICES ACT OF 1988 (P.L. 100-322), *AND THE TEXA MEDICAL MALPRACTICE ACT, TEX. REV. CIV. STAT. ART. 4495b.*

I hereby authorize the above-named source to release or disclose to the *Secretary of Health and Human Services, a his/her agents,* the following information for the period(s) identified above:

1) All medical records or other information regarding my treatment, hospitalization, and/or outpatient care for a condition, including, *but not limited to,* psychological or psychiatric impairment, drug abuse and/or alcoholis sickle cell anemia, *AIDS (acquired immune deficiency syndrome), AIDS – related complex (ARC) and HIV antibo testing.*
2) Information about how my impairment affects my ability to complete tasks and activities of daily living;
3) Information about how my condition affects my ability to work.

The reason for the release of this medical information is to allow the named recipient to evaluate my claim for benefi under the Social Security Act. I understand that this authorization, except for the action already taken, may be voide by me at anytime. If I do not void this authorization, it will automatically end when a final decision is made on my claim or or year from the date I signed the form, whichever is earlier. If I am already receiving benefits, the authorization will end whe a final decidion is made as to whether I can continue to receive benefits or one year from the date I signed the for whichever is earlier.

READ IMPORTANT INFORMATION ON REVERSE BEFORE SIGNING FORM BELOW

ORIGINAL SIGNATURE OF CLAIMANT/BENEFICIARY OR PERSON AUTHORIZED TO ACT IN HIS/HER BEHALF	RELATIONSHIP TO CLAIMANT/BENEFICIARY	DATE
✓ Nancy Phillips	mother	JAN 08 '96

STREET ADDRESS: 17103 Imperial Vly. Apt 58 — TELEPHONE NUMBER (Area Code): 713 448 4203
CITY: Houston — STATE: TX — ZIP CODE: 77060

The signature and address of a person who either knows the person signing this form or is satisfied as to that perso identity are requested below. These are not required by the Social Security Administration, but without them the sou might not honor this authorization.

SIGNATURE OF WITNESS	STREET ADDRESS	
Christie Bickham	15215 Sherwood Forest	907
CITY: Houston	STATE: Texas	ZIP CODE: 77043

Explanation of Form SS-RVI-827, Authorization for Source to Release Information to the Social Security Administration (SSA)

We are requesting that you authorize the release of information about your impairment to us. Sources usually require this authorization before releasing information to us. Also, the law requires this authorization for release of information about certain conditions.

You can provide this authorization by signing a Form SS-RVI-827 – Authorization For Source to Release Information to the Social Security Administration (SSA) for each source identified during your disability interview or during the processing of your claim. We must inform you that because of various Federal disclosure laws, SSA cannot give an absolute pledge of confidentiality regarding information submitted in connection with your claim.

PRIVACY ACT/PAPERWORK REDUCTION ACT NOTICE

The Social Security Administration is authorized to collect the information on this form under sections 205(a), 223(d) and 1631(e)(1) of the Social Security Act. The information on this form is needed by Social Security to make a decision on your claim. While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on your claim and could result in the loss of benefits. Although the information you furnish on this form is almost never used for any purpose other than making a determination on your disability claim, such information may be disclosed by the Social Security Administration as follows:

(1) To enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;

(2) to comply with Federal laws requiring the release of information from Social Security records (e.g., the General Accounting Office and the Veterans Administration); and

(3) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

These and other reasons why information about you may be used or given out are explained in the *Federal Register*. If you would like more information about this, any Social Security office can assist you.

DATE OF ADMISSION: 9/20/95
HOUR OF ADMISSION:
TOTAL DAYS:

DATE OF DISCHARGE: 10/6/95
HOUR OF DISCHARGE:
ADMITTING PHYSICIAN:

FINAL DIAGNOSES

CODES

AXIS I: Major Depression, recurrent — 296.30

AXIS II: No dx

AXIS III: No dx

AXIS IV: endangering others AXIS V: GAF - 60 c DIC

PROCEDURES/OTHER:

CONSULTANTS:

ADMITTING DIAGNOSES CODES:

DISCHARGE STATUS:

- ☐ HOME 01
- ☐ OTHER HOSPITAL 02
- ☐ SNF 03
- ☐ ICF 04
- ☐ HOME HEALTH 06
- ☐ AMA 07
- ☐ EXPIRED 20
- ☐ OTHER 05

I HAVE EXAMINED AND APPROVED THIS COMPLETE MEDICAL RECORD

PHYSICIAN SIGNATURE — DATE: 10/6/95

FACE SHEET

Charles Derrick

48-34

RIVENDELL OF AMERICA
ADMISSION RECORD

V

I. IDENTIFICATION INFORMATION

CLIENT'S NAME	DATE ADMITTED & TIME	MEDICAL REC #	ID #	ROOM BED	PROG ADMIT TO	ADMITTED BY
CHARLES DERRICK	09/20/95 10:00	004834	0005168	ADOL		A&R STAFF

ADDRESS	PHONE #	TP READMISSION	LAST DT	SEX	MARITAL STATUS	RACE	RELIGION	ARVL MODE
	(713)448-4203 H	PRIOR CLIEN	/ /	M	SINGLE	BLACK		

ADDRESS	PHONE #	TP	AGE	DOB	SOC SEC #	ADMIT STATUS	ATTENDING PHYS	REFERRED BY	DX ONSET
17103 IMPERIAL VALLEY APT									
HOUSTON TX 77060									
HARRIS	( ) -		13	09/06/82	456-73-1249		GINSBERG L	GINSBERG LAWREN	

PARENT/GUARDIAN NAME & ADDRESS	PARENT/GUARDIAN # 2 NAME & ADDRESS	LAST SCHOOL ATTENDED
APT #	APT #	
( ) -	( ) -	( ) -

CASE OF EMERGENCY NOTIFY	EMERGENCY PHONE #	RELATIONSHIP	CUSTODY OF PATIENT
ILLIPS NANCY	(713)448-4203 H	PARENT	

II. FINANCIAL INFORMATION

GUARANTOR ADDRESS	GUARANTOR'S EMPLOYER ADDRESS
	NONE
APT #	APT #
( ) -	MEDICAID ( ) -
SOC SEC #:	

FINANCIAL CLASS	MEDICAID ID #	COUNTY
MEDICAID	456731249	HARRIS

INSURANCE	POLICY NUMBER	GROUP NUMBER	SUBSCRIBER

III. DIAGNOSTIC INFORMATION

'IS	1	29620	MAJ.DPRS.SNGL.UNSP
.IS			
AXIS			
AXIS			
AXIS			

Gulf Pines Hospital
205 Hollow Tree Lane
Houston, Texas 77090-2081
Telephone (713) 537-0700

DISCHARGE SUMMARY/PLAN

NURSING DISCHARGE SUMMARY

GENERAL INFORMATION

Date of Discharge 10/6/95 Time 1330

Discharge Status: ☒ MD Order ☐ AMA ☐ AMA Release Signed

Mode of Discharge: ambulatory

Accompanied by Name Mrs Phillips Relationship mom

CONDITION OF PATIENT ON DISCHARGE

MEDICAL STATUS:
stable without acute c/o's discomforts, or problems evident

EMOTIONAL STATUS:
improved mood, positive statements @ discharge

MEDICATIONS

Prescriptions to Patient/Other: ☐ Yes ☐ No ☐ Nonapplicable

List Medications:

NAME	DOSAGE	FREQUENCY
Imipramine for depression	125 mg	by mouth — qp every night at bedtime

Psychotropic Medication Management Information provided to patient/other via Medication Teaching Sheet(s). ☒ Yes ☐ No

Patient/Other instructed to contact physician/pharmacist for information concerning prescribed **NON-psychotropic** medications ☒ Yes ☐ No

SPECIFIC INSTRUCTIONS/TEACHING

1) Report any mood changes or problems coping to MD.

RESTRICTIONS: none

DIET Reg

PHYSICAL ACTIVITY as tolerated

SIGNATURES

The information has been explained to me and I understand the contents

Nancy Phillips — son
Patient/Significant Other — Relationship

Lisa Barker RN — 10/6/95
Nurse — Date

SOCIAL SERVICE DISCHARGE PLAN

LIVING ARRANGEMENTS FOLLOWING DISCHARGE

With Whom/Name of Facility home & parents

Address

FOLLOW UP CARE

Community Agency/Individual recommended for aftercare:

Name Dr Feinsberg Phone # 893-4111

Address

Initial Appointment Date call for appt

Name Joan Richards Phone # 893-4111

Address

Initial Appointment Date call for appt

Support Groups:

☐ AA ☐ NA ☐ CA ☒ GPH Aftercare ☐ Multi-Family

Other first aftercare mtg is 10/12 and then every other Thursday

Comments:

MD recommends that Follow up appt be in 10–14 days — (as Appt scheduled 10/31 is too far away)

SCHOOL/VOCATIONAL/WORK/PLAN

return to home school

OTHER SIGNIFICANT INFORMATION

Patient/Other Instructed to contact

should assistance be required following discharge.

SATISFACTION SURVEY COMPLETED ☒ YES ☐ NO

I give permission for Gulf Pines Hospital to contact me at ☐ Home/ ☐ Work, for a period not to exceed 6 months to determine my satisfaction with services provided. I can be contacted at

between the hour _____ and _____.

Signed:

SIGNATURES

Above Information has been explained to me and I understand the contents.

X Nancy Phillips — son — Date
Patient/Significant Other — Relationship

Signature of Social Worker — Signature of Psychiatrist

White - Chart Yellow - Patient Pink - Unit

PSYCHIATRIC EVALUATION OF PRE-ADMISSION EVALUATION

DATE 9/20/95 TIME 0800 LOCATION GPH

CURRENT SYMPTOMS: violent behavior

MENTAL STATUS: flat affect depressed mood

PRELIMINARY TREATMENT PLAN: Admit for stabilization

JUSTIFICATION FOR ADMISSION

Patient must meet one or more of the following criteria. Please initial item(s).

_____ a. Recent suicide attempt (within 72 hours) or suicidal ideation requiring suicide precautions.
LDG b. Physically assaultive behavior threatening the life or safety of other persons.
_____ c. Self-mutilating behavior.
_____ d. Acute onset or exacerbation of psychotic symptoms (hallucinations, delusions, disordered thinking) of sufficient severity to jeopardize the patient's ability to live safely outside of a hospital.
LDC e. Acute deterioration of patient's behavior, coping skills or ability to care for self that creates a risk of harm to self or other persons.
LDG f. Acute onset of severe mental anguish that overwhelms the patient to the extent that the patient cannot function outside of a hospital.
LDC g. Meets DSM-III-R criteria for Major Depression (documented in Psychiatric Assessment).
_____ h. Meets DSM-III-R criteria for Mania (documented in Psychiatric Assessment).
_____ i. Meets DSM-III-R criteria for alcohol withdrawal delirium (documented in Psychiatric Assessment) or is in impending alcohol withdrawal delirium based on a history of severe alcohol dependence and abrupt cessation of alcohol intake.
_____ j. Severely disabled as a result of psychoactive substance-induced withdrawal, delirium, delusional disorder or amnestic disorder (DSM-III-R criteria documented in Psychiatric Assessment).
_____ k. Patient requires inpatient treatment and rehabilitation for psychoactive substance dependence based on:
(All four of the following must be met)
1) extreme or prolonged use of psychoactive substance(s); and
2) significant impairment of health or of family, social, occupational or academic functioning as a result of substance dependence; and
3) complicating medical problems (including residual impairment secondary to psychoactive substance withdrawal, delirium, delusional disorder or amnestic disorder) or failure of a structured outpatient rehabilitation program to achieve abstinence from psychoactive substances; and
4) a reasonable medical expectation that inpatient treatment and rehabilitation will improve the patient's ability to maintain abstinence from psychoactive substances upon which the patient is dependent.
_____ l. Patient requires inpatient treatment and rehabilitation for psychoactive substance dependence based on a reasonable medical determination that such inpatient treatment and rehabilitation are necessary to significantly reduce the risk of:
1) rapid deterioration of patient's behavior, coping skills, or ability to care for self that creates risk of harm to self or other persons; or
2) relapse or continuing psychoactive substance use resulting in significant impairment of health or of family, social, occupational, or academic functioning.
_____ m. Other _____

IMPORTANT: EACH CRITERION CHECKED ABOVE MUST BE REFLECTED IN THE PATIENT'S PSYCHIATRIC ASSESSMENT.

TB SCREEN: ALL PATIENTS MUST BE SCREENED FOR TUBERCULOSIS
Check Which Apply: ___ Productive Cough (3 weeks +) ___ Night Sweats ___ Coughing up Blood ___ SOB

✓ ACTIVE TB IS NOT SUSPECTED ALLOWING ADMISSION.

SIGNATURE OF PHYSICIAN

GULF PINES BEHAVIORAL HEALTH SERVICES

700-020 Rev. 3/1/95

CHARLES PATRICK 13
A 061962 092095
GINSBERG 305
[illegible] ADOL MD

1. Chief complaint (in patient's own words, if possible) violent behaviors [illegible]

2. History of present illness including alcohol or drug use, precipitant justifying hospitalization, and risk of harm to self or others: [illegible] school for 4th time – threatened to [illegible] teachers [illegible] / pt knife under bed / fighting in school / [illegible]

3. Relevant family history: [illegible]

4. Known physical status and allergies: [illegible] as baby [illegible]

5. Brief mental status:
a. General appearance and behavior casually dressed (pt won't talk) / pt [illegible] eyes [illegible]
b. Affect and mood affect blunted / mood depressed. Pt [illegible] tears by [illegible]
c. Associations and thought processes unable to test
d. Thought content (including delusions, obsessions, suicidal ideation) unable to test
e. Hallucinations or perceptual distortions No hallucin / [illegible]
f. Cognitive functions: unable to test
Orientation
Memory
Intellectual Functioning good by hx

6. Developmental Milestones wnl.

7. Patient's Strengths: Mother supportive of tx.
Patient's Deficiencies: [illegible]

8. Provisional Diagnosis:
Axis I [illegible] depression, [illegible]
Axis II [illegible]
Axis III [illegible]
Axis IV [illegible]
Axis V GAF – 30

9. Estimated length of stay 1 week

11. Criteria for discharge [illegible] / [illegible] violent behaviors.

10. Preliminary discharge plan out pt tx

PROBLEM LEGEND - Prioritize
- P1 Significant depression of mood
- P2 Psychotic symptoms
- P3 Suicidal thinking or behavior
- P4 Physical aggression or violence toward others
- P5 Manic symptoms
- P6 Mixed state (manic plus depressive) symptoms
- P7 Loss of control over psychoactive substance(s)
- P8 Overwhelming anxiety
- P9 Complicating medical problems
- P10 Impaired social (including family, work, school) performance
- P11 Inability to care for self
- P12 Resistance to or noncompliance with treatment
- P13 Withdrawal or impending withdrawal from psychoactive substance(s)
- P14 Other (specify)

III. PRELIMINARY TREATMENT PLAN

P	PROBLEM	GOAL	INTERVENTIONS TO ACHIEVE OBJECTIVE
1	[illegible]	[illegible]	[illegible] / [illegible]
2	violent behaviors	[illegible]	" / "
3			

[signature] 9/20/95 1010
Admitting Psychiatrist Date Time

Attending Psychiatrist Date Time
(if not the same as above)

CHARLES DERRICK
CHARLES DERRICK 13
M 09061982 092095
GINSBERG 305
[illegible] ADOL MD
ADDRESSOGRAPH Revised 3-13-95

GULF PINES BEHAVIORAL HEALTH SERVICES

PHYSICIAN ADMITTING ORDERS - *ADOLESCENT PROGRAM*

I. **THE HISTORY AND PHYSICAL** is to be completed within 24 hours by:
____ Attending Physician ___✓ Other (please name) Kelly ✓

II. **VITAL SIGNS** ____ Routine ✓ Special (indicate frequency) q shift ✓

III. **LAB AND RADIOLOGY**
✓ Care Panel ___✓ CBC w/DIFF ___✓ Hypothyroid Panel (T4, T3 Uptake, FTI, ~~TSH~~)
✓ Comprehensive Toxicology ___✓ UA ___✓ RPR ___✓ Urine Pregnancy ___✓ EKG
✓ Other: Hg level ✓ ~~TB~~ B12 ✓ Uric ✓ ~~serum~~ folate ✓
✓ Sleep-deprived EEG (R/O partial complex seizure disorder) ✓

CLINICAL JUSTIFICATION (S):
___✓ R/O Metabolic Disorder ___✓ R/O Infectious Disease
____ R/O Pregnancy ___✓ R/O Toxicity
____ Other: _____

IV. **DIET** ___✓ Regular ____ Special (specify) _____

V. **PRECAUTIONS**
____ No Precautions
____ Suicide (15 min. checks)
___✓ Assault/Homicidal (15 min. checks)
____ Elopement (15 min. checks)
____ Seizure/Medical (30 min. checks)
____ Detox (30 min. checks)

CLINICAL JUSTIFICATION (S): has been fighting & threatening ✓

VI. **THERAPEUTIC RESTRICTIONS**
___✓ No Restrictions
____ Unit Restriction (7–Day Expiration)
____ Indoor Facility Restriction (3–Day Expiration)

CLINICAL JUSTIFICATION (S): _____

VII. **THERAPEUTIC COMMUNICATION LIMITATIONS (ALL EXPIRE IN 7 DAYS)**
___✓ No Limitations ____ Telephone ____ Mail ____ Visitors

CLINICAL JUSTIFICATION (S): ***SPECIFY EXACT LIMITATIONS,*** (e.g., when limited from telephone, what mail/visitors are limited), ***DURATION OF LIMITATIONS, AND JUSTIFICATION FOR EACH LIMITATION)*** _____

(continued on back)

CHARLES, DERRICK
S DERRICK 13
361982 0-20-5
305
ADOL MD

VIII. PHYSICAL SEARCH

(includes removal of some or all of the person's clothing and – if person resists – search of outer clothing, hair or mouth)

✓ Physical Search (must be witnessed by person of same sex as patient and conducted in a private area)

____ No Physical Search

CLINICAL JUSTIFICATION (S): Pass attempt

IX. ASSESSMENT ORDERS

✓ Psychosocial Assessment

✓ Psychological Evaluation, by whom: Michelle Farrar, Ph.D. ✓ Full Battery ____ Brief Battery

____ Educational Assessment, by whom: ____

____ Chemical Dependency Assessment (Adolescent Psychiatric Patients Only)

X. THERAPY ORDERS

Assessment Program:

ADOLESCENT PSYCHIATRIC PROGRAM

✓ Exploratory Group
✓ Psychodrama
✓ Fitness
✓ Ropes
✓ Parent Groups
✓ Patient Government
✓ Addiction Education
✓ Goals Group
✓ Health Education
✓ Nutrition

ADOLESCENT CHEMICAL DEPENDENCY PROGRAM

____ Exploratory Group
____ Parent Groups
____ Sobriety Issues
____ Psychodrama
____ Goals Group
____ Addiction Education
____ Relapse Prevention
____ 12 Step Meetings – in hospital
____ 12 Step Meetings – outside hospital
____ Patient Government
____ Fitness
____ Ropes
____ Health Education
____ Nutrition

✓ Individual Therapy/Program Counseling; by whom: Jo Richards, LPC

✓ Family Therapy/Family Program Counseling; by whom: ____

1 Other: ____

____ Other: ____

Admitting Physician

9/20/95
Date

Attending Physician

Date

Signature of Nurse

9/20/95
Date

PHYSICIAN'S ORDERS

DO NOT USE THIS SHEET UNLESS NUMBER SHOWS ▶

USE BALL POINT - PRESS FIRMLY

AFTER PHYSICIAN WRITES A MEDICATION ORDER
1. REMOVE YELLOW AND PINK COPIES.
2. DISPATCH YELLOW COPY TO PHARMACY-PINK TO MEDICATION NURSE.
3. "X" OUT REMAINING UNUSED LINES AFTER EACH ORDER IS WRITTEN.

ORDERED DATE	TIME	ORDERS
9/20/95	1010	Admit to Adolescent Psych
		Dx (1) Major Depression, Recurrent
		Eggcrate mattress
		Imipramine 150 mg PO q hs
		Hold above [illegible] for sleep deprived EEG
		Tylenol X grains q 4° PRN [illegible]
		MOM 30 cc PO q 12° PRN constipation
		Mylanta 15 cc PO q 4° PRN indigestion
		[signature]
9/20/95	12NOON	Mellaril 25 mg po now and Q 4° prn as needed for agitation
		T.O. Dr Ginsberg / V Azarene LVN
9-21-95		24° / 0100 [signature] [illegible] 9/21/95 1200

ALLERGIES NKA

noted 9/20/95 12:30 pm
V Azarene

CHARLES DERRICK
[illegible stamped numbers]

HEIGHT ____________________

WEIGHT ____________________

DIAGNOSIS

REV. 6/93 603-026

PHYSICIAN'S ORDERS

DO NOT USE THIS SHEET UNLESS NUMBER SHOWS ▶

USE BALL POINT - PRESS FIRMLY

AFTER PHYSICIAN WRITES A MEDICATION ORDER
1. REMOVE YELLOW AND PINK COPIES.
2. DISPATCH YELLOW COPY TO PHARMACY-PINK TO MEDICATION NURSE.
3. "X" OUT REMAINING UNUSED LINES AFTER EACH ORDER IS WRITTEN.

ORDERED DATE	TIME	ORDERS
9/21/95	1500	[illegible] level in 9/25 [illegible]
		[illegible]
		noted 9/21/95 [illegible] RN
9-22-95		24° ✓ 0300 [illegible] RN
9/22/95	0830	D/C AMP H/P c/o
		[illegible]
		noted 9/22/95 0830 [illegible] RN
9/23/95	0200	24° chart ✓ [illegible]
9/23/95	1000	T. bili c̄ 9/25/95 am
		[illegible]
		noted: [illegible] RN 9/23/95 10 Am
9/24/95	0100	24° chart ✓ [illegible] RN

ALLERGIES NKA

HEIGHT ____________

WEIGHT ____________

DIAGNOSIS

[illegible]156
[illegible]

REV. 6/93 603-025

PHYSICIAN'S ORDERS

DO NOT USE THIS SHEET UNLESS NUMBER SHOWS ▶

USE BALL POINT - PRESS FIRMLY

AFTER PHYSICIAN WRITES A MEDICATION ORDER
1. REMOVE YELLOW AND PINK COPIES.
2. DISPATCH YELLOW COPY TO PHARMACY-PINK TO MEDICATION NURSE.
3. "X" OUT REMAINING UNUSED LINES AFTER EACH ORDER IS WRITTEN.

ORDERED DATE	TIME	ORDERS
9/24/95	1000	(1) UA
		(2) Dr. Lefkowitz to cover for me 9/25/95 Friday 7AM to 5PM
		(3) Please place my dictated psych assessment in chart.
		noted: S. Milwin RN 9/24/95
9-25-95		24º 0100 [illegible]
9/26/95	0900	Please place my dictated psych assessment in chart
		notified medical records 0920
		noted 9/26/95 0920 [illegible] RNC
9-27-95		24º 0200 [illegible]
9/27/95	1000	↓ Tofranil 125 mg PO QHS
		Improvement [illegible] 10/2/95 AM
		noted 9/27 [illegible] RNC
9-28-95		24º 0200 [illegible]

ALLERGIES NKA

00 0168

[illegible] DERRICK 13
M [illegible]061982 092095
[illegible] 305
[illegible] ADOL RD

HEIGHT ______

WEIGHT ______

DIAGNOSIS

REV. 6/93 603-025

PHYSICIAN'S ORDERS

DO NOT USE THIS SHEET UNLESS NUMBER SHOWS ▶

USE BALL POINT - PRESS FIRMLY

AFTER PHYSICIAN WRITES A MEDICATION ORDER
1. REMOVE YELLOW AND PINK COPIES.
2. DISPATCH YELLOW COPY TO PHARMACY-PINK TO MEDICATION NURSE.
3. "X" OUT REMAINING UNUSED LINES AFTER EACH ORDER IS WRITTEN.

ORDERED DATE	TIME	ORDERS
9/28/95	1000	D/C Temporary level 10/2/95
		Stat Temporary level 9/30/95 AM
		[signature]
		noted 9/28/95 1015A Lisa Azar RN
9-29-95		24° / 0200 [signature]
9-30-95		24° / 0200 [signature]
9/30/95	1500	Room search for possible contraband
		T.O. Dr. Ginsberg / S Melvin RN
		[signature] 10/1/95 1100
		noted: S. Melvin RN 1500 9/30/95
10/1/95	0200	24° chart [signature]
10/1/95	1100	Move to Kelly Sign [illegible]
		[signature] 10/1/95 11am
		noted: S. Melvin RN
10-2-95		24° / 0100 [signature]
10/3/95	0015	24° [signature]

2

3

ALLERGIES NKA

HEIGHT

WEIGHT

DIAGNOSIS

000168

CHARLES DERRICK
[illegible] 092095
GINSBERG 305
[illegible] AOOL MD

REV. 6/93 603-025

PHYSICIAN'S ORDERS

DO NOT USE THIS SHEET UNLESS NUMBER SHOWS

USE BALL POINT - PRESS FIRMLY

AFTER PHYSICIAN WRITES A MEDICATION ORDER
1. REMOVE YELLOW AND PINK COPIES.
2. DISPATCH YELLOW COPY TO PHARMACY-PINK TO MEDICATION NURSE.
3. "X" OUT REMAINING UNUSED LINES AFTER EACH ORDER IS WRITTEN.

ORDERED DATE	ORDERED TIME	ORDERS
10/3/95	0900	Dr Clayton to cover 10/3 5PM to 10/4 5PM
		noted 10/3/95 0930 Lisa Barrow RNC
10-4-95	240	240 @ 1000
10/5/95	240	240 chart
10/5/95	10A	DC Close Obs
		V.O. Dr Clayton 10/6/95 0900 Lisa Barrow RNC
		noted 10/5/95 Lisa Barrow RNC
10-6-95	240	0300

ALLERGIES NKA

HEIGHT _____

WEIGHT _____

DIAGNOSIS

0005168

CHARLES DERRICK 13
M 09061982 092395
SINSBERG 309

[illegible] ADOL RD

REV. 6/93 603-025

GULF PINES BEHAVIORAL HEALTH SERVICES

DATE 10/6/95

☑ DISCHARGE ORDERS

Patient to be discharged from:

Inpatient on 10/6/95

Partial on /

☐ TRANSITION ORDERS

From: _____ (program) _____ (care level) _____ (date)

To: _____ (program) _____ (care level) _____ (date)

If transitioned to partial, circle days to attend

M T W TH F S S

PRIMARY DISCHARGE/TRANSITION DIAGNOSIS:

Axis I: Major Depression, Recurrent Axis II: No dx

Axis III: No dx

GAF on Discharge: [Axis V] GAF-60 on D/C. Axis IV: Relationship others.

Physical Activity Limitations: free Diet: Reg

MEDICATIONS / DOSAGE / # OF REFILLS

1. Imipramine 50mg TID PRN #30 and
2. Imipramine 25mg TID PRN #15
3.
4.
5.
6.
7.
8.
9.
10.

Patient may take own medications home? ☑ YES ☐ NO ☐ N/A

If no, justify:

Are prescriptions written? ☑ YES ☐ NO ☐ N/A

May patient take own medications in hospital? ☐ YES ☐ NO ☑ N/A

Individual Therapy with: Jan Richards, LPC Family Therapy with: Jan Richards, LPC

Aftercare Groups at Gulf Pines: Community Groups:

Outpatient Labs: When: Where:

Other Outpatient Follow-Up: ① med check ← Nina Pippenger RN in 10-14 days in my office — mother to call for appt.

Physician's Signature	Date	Time	Nurse's Signature	Date	Time
	10/6/95	10am	Susan Azar RN	10/6/95	DA

DISCHARGE/PRE-TRANSITION ADDRESSOGRAPH

0000108
CHARLES DERRICK 13
M 04061982 092095
WINDSOR 305
ADOL MD

TRANSITION ADDRESSOGRAPH

White – Chart; Yellow – Pharmacy; Pink – Medical Records Department

GULF PINES BEHAVIORAL HEALTH SERVICES

MEDICATION RECORD

SITE CODE:
RD - Rt. Deltoid - Rt. Thigh
LD - Lt. Deltoid - Lt. Thigh
ABD - Abdomen
RGM - Rt. Gluteus Max.
LGM - Lt. Gluteus Max.

LEGEND: C[illegible] time not given with reason [illegible] initial
R = Refused
A = Asleep
W = Withheld
NPO = Nothing per os.

ROUTINE MEDICATIONS

U005168

CHARLES DERRICK 13
M 09061982 092095
[illegible] 305

DIAGNOSIS:

DIABETIC: ☐ YES ☐ NO

ALLERGIES: NKA HT. WT.

Signature and Title: 1990 Poindexter RN; [signature] LVN; [signature]; [signature] RN; [signature] LVN; [signature] LVN

Date Start / Transcriber	Stop Date / Date Renew	Medications Dosage, Frequency, Route	Consent Initial Verbal	Consent Initial Written	Times to be Given	DATE 9-27 Time, Site, Initials	DATE 9-28 Time, Site, Initials	DATE 9-29 Time, Site, Initials	DATE 9-30 Time, Site, Initials	DATE 10-1 Time, Site, Initials	DATE 10-2 Time, Site, Initials	DATE 10-3 Time, Site, Initials
9-20 / U	10-20	Desipramine 150mg PO qHS		9/20	R/DD	D/C 9/27	LA					
9/20 / LA	10/20	Imipramine 125mg PO @ hs		9/30	2100	[initials]	[initials]	2100 og	[initials]		SP	[initials]

FORM 603-215 RECOPIED BY [signature] DATE 9-22-95 RN / LUN WHITE - CHART CANARY - PHARMACY

00G5168

GULF PINES BEHAVIORAL HEALTH SERVICES

MEDICATION RECORD

SITE CODE:
RD - Rt. Deltoid - Rt. Thigh
LD - Lt. Deltoid - Lt. Thigh
ABD - Abdomen
RGM - Rt. Gluteus Max.
LGM - Lt. Gluteus Max.

LEGEND: [illegible] time not given with reason [illegible] initial
R = Refused
A = Asleep
W = Withheld
NPO = Nothing per os.

ROUTINE MEDICATIONS

CHARLES DERRICK 13
M 09061982 092095
305

DIAGNOSIS: MDD

DIABETIC: ☐ YES ☒ NO

ALLERGIES: NKA

HT. 5'1" WT. 101#

Signature and Title: [signatures]; Sleepdeprived EEG scheduled - 9A -

Date Start / Transcriber	STOP DATE / DATE RENEW	MEDICATIONS DOSAGE, FREQUENCY, ROUTE	CONSENT INITIAL VERBAL	CONSENT INITIAL WRITTEN	TIMES TO BE GIVEN	DATE 9/20 TIME, SITE, INITIALS	DATE 9/21 TIME, SITE, INITIALS	DATE 9/22 TIME, SITE, INITIALS	DATE 9/23 TIME, SITE, INITIALS	DATE 9/24 TIME, SITE, INITIALS	DATE 9/25 TIME, SITE, INITIALS	DATE 9/26 TIME, SITE, INITIALS
9/20 LA	10/20	Imipramine 150 mg po Qhs		9/20	2100	SP	(W) SP HOLD hs dose SD EEG 9/22	SP	[initials]	2100 SP	SP	[initials]

FORM 603-215 RECOPIED BY________ DATE________ RN / LUN WHITE - CHART CANARY - PHARMACY

GULF PINES BEHAVIORAL HEALTH SERVICES

MEDICATION RECORD

SITE CODE:
RD - Rt. Deltoid - Rt. Thigh
LD - Lt. Deltoid - Lt. Thigh
ABD - Abdomen
RGM - Rt. Gluteus Max.
LGM - Lt. Gluteus Max.

LEGEND: C[illegible]me not given with reason[illegible]itial
R = Refused
A = Asleep
W = Withheld
NPO = Nothing per os.

ROUTINE MEDICATIONS

CHARLES DERRICK
M 09061982 092095
[illegible] 305

DIAGNOSIS:

DIABETIC: ☐ YES ☐ NO

ALLERGIES: NKA

HT.

WT.

Signature and Title

1995 [signature]

Date Start / Transcriber	STOP DATE / DATE RENEW	MEDICATIONS DOSAGE, FREQUENCY, ROUTE	CONSENT INITIAL VERBAL	CONSENT INITIAL WRITTEN	TIMES TO BE GIVEN	DATE 10-4 TIME, SITE, INITIALS	DATE 10-5 TIME, SITE, INITIALS	DATE 10-6 TIME, SITE, INITIALS	DATE 10-7 TIME, SITE, INITIALS	DATE 10-8 TIME, SITE, INITIALS	DATE 10-9 TIME, SITE, INITIALS	DATE 10-10 TIME, SITE, INITIALS
9-20	10-20	Olmepramine 125mg PO QHS		9/20	2100	SP	S	Rx Discontinued				

FORM 603-215 RECOPIED BY_____ DATE_____ RN / LUN [illegible] WHITE - CHART CANARY - PHARMACY

GULF PINES BEHAVIORAL HEALTH SERVICES

PRN MEDICATIONS

SITE CODE:
RD - Rt. Deltoid - Rt. Thigh
LD - Lt. Deltoid - Lt. Thigh
ABD - Abdomen
RGM - Rt. Gluteus Max.
LGM - Lt. Gluteus Max.

LEGEND: Circle time not given with reason and initial
R = Refused
A = Asleep
W = Withheld
NPO = Nothing per os.

00 ADDRESSOGRAPH
CHARLES DERRICK 13
M 09061982 092095
GINSBERG 305

ALLERGIES: NKA

INTLS	START	STOP	PRN TREATMENTS AND MEDICATIONS DOSAGE, FREQUENCY, ROUTE
LA	9/20	10/20	Tylenol II grain Q4° prn pain
LA	9/20	10/20	MOM 30cc po Q12° prn constipation
LA	9/20	10/20	Mylanta 15cc po Q4° prn indigestion
LA	9/20	10/20	Mellaril 25mg po Q4° prn agitation consent obtained 9/20 (LA)

DATE	TIME	MEDICATION	ROUTE	DOSE	REASON	NURSE	TIME	EFFECT	NURSE
9/20	NOON	Mellaril	po	25mg	agitation	LA	1400	effective	LA
9/20	1600	Mellaril	PO	25mg	agitation	SP	1645	effective	SP
9/21	0815	Mellaril	po	25mg	agitation	LA	0940	effective	LA
9/22	1715	Mellaril	PO	25mg	agitation	SP	1745	Sl. effective	SP
9/26	1200	Tylenol	PO	gr [illegible]	Fever	SP	1245	[illegible]	SP

FORM 603-216

WHITE - CHART CANARY - PHARMACY

GULF PINES BEHAVIORAL HEALTH SERVICES

HISTORY AND PHYSICAL

PATIENT NAME: DERRICK CHARLES DATE OF ADMISSION: 09-20-95
PATIENT NUMBER: 00-48-34
ATTENDING PHYSICIAN: LAWRENCE GINSBERG, M.D.
AUTHOR OF REPORT: JEFFREY KELLEY, D.O.

HISTORY OF PRESENT ILLNESS: Admit this 13 year old black male to Gulf Pines Hospital under the care of Dr. Ginsberg. Patient has history of depressive moods with episodes of violence behavior.

PAST MEDICAL HISTORY: General health is negative for heart disease, lung disease, kidney disease, thyroid disease, cancer, diabetes, and hypertension.

ILLNESSES: Denies hepatitis, tuberculosis.

SURGERIES: Denies surgeries.

HOSPITALIZATIONS:

1. Gulf Pines Hospital x 2.

INJURIES: Denies previous injuries.

DENTAL HISTORY: Unremarkable.

ALLERGIES: No known drug allergies.

MEDICATIONS ON ADMISSION: Ritalin.

HABITS: Denies specific diet. Denies caffeine, tobacco, and alcohol use. Denies use and abuse of other drugs, chemicals or stimulants. Denies history of physical or sexual abuse.

FAMILY HISTORY: Unremarkable.

OCCUPATION: Student.

FAMILY CONSTELLATION: Patient lives with mother.

REVIEW OF SYSTEMS:

Weight change: Admits to some recent weight gain.

Skin: denies dermatological disorders.

HEENT: Denies hearing, visual changes.

Cardiac: Denies anginal type chest pain, orthopnea, or pedal edema.

GULF PINES BEHAVIORAL HEALTH SERVICES

HISTORY AND PHYSICAL

Respiratory: Denies hemoptysis, cough, wheezing.

GI: Denies constipation, diarrhea.

Urinary: Denies dysuria, frequency and urgency.

Genital/Reproductive: Unremarkable.

Neuromuscular: History of seizure disorder as a child. Patient is not sure what type of seizures he had.

Endocrine: Denies history of diabetes and thyroid disorder.

PHYSICAL EXAMINATION: Vital signs: Temperature 98.1, heart rate 72, BP 120/90, respirations 18.

General appearance is that of an alert, oriented, cooperative 13 year old black male in no acute distress.

Skin is unremarkable.

HEENT: Eyes - pupils equal, round, reactive to light. Extraocular muscles intact bilaterally. Ears are unremarkable. Oral cavities within normal limits. Dentition is in good repair.

Neck is supple.

Respiratory: breath sounds are clear bilaterally.

Cardiovascular: Heart regular in rate and rhythm without murmur. Peripheral pulses are III/IV+ and equal bilaterally.

Abdomen is soft. Bowel sounds are present in all quadrants. There are no masses or organomegaly noted.

Extremities: Normal.

Genitalia/Rectal exam were refused.

NEUROLOGICAL: Cranial nerves II-XII intact. Please see cranial nerve worksheet. Motor function is normal. Sensory function is normal. Reflexes are III/IV+ bilaterally. Coordination and gait are normal.

GULF PINES BEHAVIORAL HEALTH SERVICES

HISTORY AND PHYSICAL

DIAGNOSTIC IMPRESSION:

1. Depression.
2. Seizure disorder by history.

Jeffrey R. Kelley, D.O.

DD: 09-21-95
DT: 09-23-95
jc

Gulf Pines

HISTORY AND PHYSICAL

PATIENT NAME: _____ ADMISSION DATE: 9-20-95

PATIENT NUMBER: _____ UNIT: _____

ATTENDING PHYSICIAN: Dr. Ginsberg

AUTHOR OF REPORT: Dr. J. Kelley REPORT DATE: 9-21-95

HISTORY OF PRESENT ILLNESS: Admit this 13 yo B male to GPH Under the care of DR. Ginsberg. Pt has hx of depressed moods & episodes of violent behavior.

PAST MEDICAL HISTORY:

General health: Ø

Illnesses: Ø

Surgeries: Ø

Hospitalizations: GPH x 2.

Injuries: Ø

Dental history: Ø

Allergies: NKDA.-

Medications: Ritalin-

HABITS:

Diet: Ø

Caffeine: Ø

Tobacco: Ø

Alcohol: Ø

Other Drugs (opioids, sedatives, hallucinogens, stimulants): Ø

PHYSICAL PROBLEMS ASSOCIATED WITH CHEMICAL/ALCOHOL DEPENDENCE.

0005168

CHARLES DERRICK 13
M 09061982 092095
GINSBERG 305

04834 ADOL MD

FAMILY HISTORY: Ø

OCCUPATION: Student

FAMILY CONSTELLATION: Lives Mother.

WEIGHT CHANGE: Some recent wt. gain.

REVIEW OF SYSTEMS

SKIN: Ø

HEENT: Ø

CARDIAC: Ø

RESPIRATORY: Ø

GI: Ø

URINARY: Ø

GENITAL/REPRODUCTIVE/MENSTRUAL: Ø

NEUROMUSCULAR: Hx of Sz - as a child.

ENDOCRINE: Ø

PHYSICAL EXAMINATION: T: 98.1 HR: 72 BP: 120/90 R: 18

Skin/Hair: Ø

Heent: Ø

Dental: Ø

Neck: Supple

Chest: clear.

Back: Ø

Heart: RRR s(m)

Abdomen: Soft.

HISTORY OF PHYSICAL/SEXUAL ABUSE: Denies

PHYSICAL EXAMINATION continued:

Extremities: nl

Genitalia/Sexual Maturation: ? Refused.

Rectal: _____

Neurologic: (Do Not Record as WNL)

1. Cranial Nerves: intact
2. Motor Function: nl
3. Sensory Function: nl
4. Reflexes: 3/4+
5. Coordination: nl
6. Gait: nl

DEVELOPMENTAL: (Gross Assessment)

	Further Consultation	
	Yes	No
Speech (i.e., fluency articulation)		✓
Language (i.e., vocabulary syntax grammar)		✓
Hearing (i.e., response to sound)		✓

VISUAL ACUITY:

Screened with glasses? Yes_____ No_____ Date:_____

Right Eye - 20/_____ (_____ Snellen Chart PASSED_____

Left Eye - 20/_____ (_____ Other:_____ FAILED_____

COMMENTS:_____

Visual acuity screening is only a check of the sharpness of a patient's vision and should not be interpreted as a substitute for a complete vision examination. A patient who fails this screening should be referred to an eye specialist for a complete visual examination.

(over)

JJJ3168
CHARLES DERRICK 13
M 09361982 092095
JINSBERG 305
JJ4834 ADOL MD

ADJUNCTIVE THERAPY - Level of Exercise:

Based upon this examination, I recommend the following level of exercise while this patient is at Gulf Pines Hospital:

_____	Level I	NO EXERCISE:
_____	Level II	Walking, stretching, chair exercises, exercise bicycle (low tension)
_____	Level III	Low Impact Aerobics, bench aerobics, recreational sports, (i.e.) volleyball
✓	Level IV	High Impact Aerobics, weight lifting, basketball, jogging

PHYSICAL CONSIDERATIONS: _____

IMPRESSION: 1. Depression.
2. Sz Disorder – by hx.

_____ 9-21-95
Examining Physician Date

ADDENDUM

J05168
ARLES DERRICK 13
061982 092095
305
ADOL MD
addressograph

HISTORY AND PHYSICAL EXAMINATION

		YES	NO
EXAMINATION OF CRANIAL NERVES			
OLFACTORY 1:	Smells freshly burned match, fresh coffee, or alcohol swab.	✓	
OPTIC II:	Distinguishes number of fingers in central field. Distinguishes movements in peripheral field.	✓	
OCULOMOTOR IIII TROCHLEAR IV: ABDUCENS VI:	Gazes symmetrically up, down, sideways.	✓	
TRIGEMINAL V:	Distinguishes 1 from 2 point touch symmetrically on forehead, cheeks, and chin; chews symmetrically.	✓	
FACIAL VII	Upper: frowns symmetrically Lower: smiles symmetrically	✓	
AUDITORY VIII:	Hears finger rubbing or snapping equally in both ears.	✓	
GLASSO-PHARYNGEAL IX:	Has symmetrical gag reflex.	✓	
VAGUS X:	Can make guttural sounds.	✓	
ACCESSORY XI:	Shrugs shoulders symmetrically. Resists turning of head symmetrically.	✓	
HYPOGLOSSAL XII:	Can stick tongue out straight. No atrophy or fasciculations.	✓	

COMMENTS: _____

Physician's Signature: _____

Date: 9-21-95 **Time:** _____

Red Oak Psychiatry Associates
17115 Red Oak Dr. #109
Houston, TX 77090
1-713-893-4111

Psychological Evaluation

CONFIDENTIAL

NAME: Derrick Charles
DATE OF BIRTH: 9-6-82 **AGE:** 13 years 0 months
HOSPITAL NUMBER: 5168 **GRADE:** 7th
DATE OF TESTING: 9-22-95 **DATE OF REPORT:** 9-23-95
EXAMINER: Michele F. Larrow, Ph.D., Psychologist
PLACE OF EXAMINATION: Gulf Pines Hospital, Unit 4

Reason for Testing

Derrick Charles was referred for testing by Dr. Lawrence Ginsberg, his psychiatrist on Unit 4 at Gulf Pines Hospital. Specifically, Derrick was referred for testing to determine degree of depression and if there were a neurological component to his psychological problems.

Test Administered and Procedures

Clinical Interview
Review of Outpatient Developmental History and Records
Wechsler Intelligence Scale for Children-Third Ed. (WISC-III)
Bender Visual-Motor Gestalt Test
Human Figure Drawings
Roberts Apperception Test (RAT)
Millon Adolescent Clinical Inventory (MACI)

Background Information

Derrick is a 13 year old African-American male who lives in Houston with his mother and step-father and his brother Christopher, age 13. Derrick was brought into the hospital September 20 for treatment by his parents after escalating problems with fighting and threatening others. These behaviors had been going on for several months and may be related to the separation of his mother and step-father. Derrick has been diagnosed with Oppositional Defiant Disorder and Depressive Disorder NOS in the past. He was hospitalized at Gulf Pines when he was 10 for similar complaints. He was pulled out after a few days because his mother missed him. The family has not been consistent in coming in for outpatient therapy. Derrick has been taking imipramine for the depression since he was 10. His current symptoms are sadness, feelings of guilt, lack of interest in usual activities, and irritability and nervousness. he denied suicidal thoughts or homicidal thoughts.

Derrick was born prematurely and weighed 4 pounds at birth. He was delayed in reaching his developmental milestones. He also had seizures as a baby and also had a head injury when young. There are no known medical problems. There is a family history of depression, alcoholism, and seizures. Derrick denied alcohol, tobacco, or drug use. His medications at testing were Imipramine 150 mg, and Mellaril 25 mg every 4 hours PRN for agitation.

Derrick is in special classes in the seventh grade at Aldine ISD. He said

they are for behavior problems. He said last year he got Bs and As, but he is not doing well this year. He acknowledged that he has trouble with fighting and said that he wishes he could change his attitude. Derrick does not like it when his step-father is away and was unhappy when his parents were separated. He does not know his biological father.

Behavioral Observations

Derrick Charles is a 13 year old African-American boy of average height and weight with short black hair. He was casually dressed in chinos, a t-shirt, and sneakers. He was well-groomed. Rapport was adequately established and maintained. He was cooperative with the testing and did not exhibit any unusual behaviors. He remained seated and worked straight through for two hours, refusing a break. He appeared to put full effort in on tasks. His affect was flat and depressed and he avoided eye contact. He had trouble with psychomotor tasks and rotated figures. He did not seem upset by failure and worked persistently and quietly on problems. There was no evidence of auditory or visual hallucinations during the course of testing. Derrick had not slept the night before for an EEG test, but his performance did not seem to be affected by this. These tests are taken to be a valid indication of his current functioning. His MACI was valid, although there was a tendency to exaggerate problems.

Test Results and Discussion

Intellectual Functioning. Derrick is a child who tested in the intellectually deficient range of intelligence. This is probably accurate of current functioning, although he might be in the borderline range in optimal circumstances. On the WISC-III, a test of overall intellectual functioning, Derrick scored in the intellectually deficient range (Full Scale IQ=69) and at the 2nd percentile. There is a 95 percent chance that his true score at present is between 65 and 76. His Verbal Scale (IQ=63; 95% range 59-71) was in the intellectually deficient range and at the 1st percentile. His Performance Scale (IQ=80; 95% range 74-90), estimated from 4 subscales, was in the low average range and at the 9th percentile. There is a significant 17 point difference between his verbal and performance scale, favoring the former, although a difference this large occurs in about 20 percent of the population. His subscale scores are as follows:

Information	1	Picture Completion	9
Similarities	7	Coding	5
Arithmetic	3	Mazes	11
Vocabulary	2	Block Design	2
Comprehension	4		
(Digit Span)	(5)		

Derrick was below average on most tasks. On the verbal tests, he had a strength in a task of abstract reasoning, although he was still below average here. His word knowledge and general knowledge are especially poor. These scores are probably lowered by a combination of cultural deprivation and learning problems. He was also below average on tasks that tap freedom from distractibility. His social knowledge is also poor, although contrary to expectations, there were no signs of antisocial behavior in his responses. Most